

# Mercy Medical Center—North Iowa Network

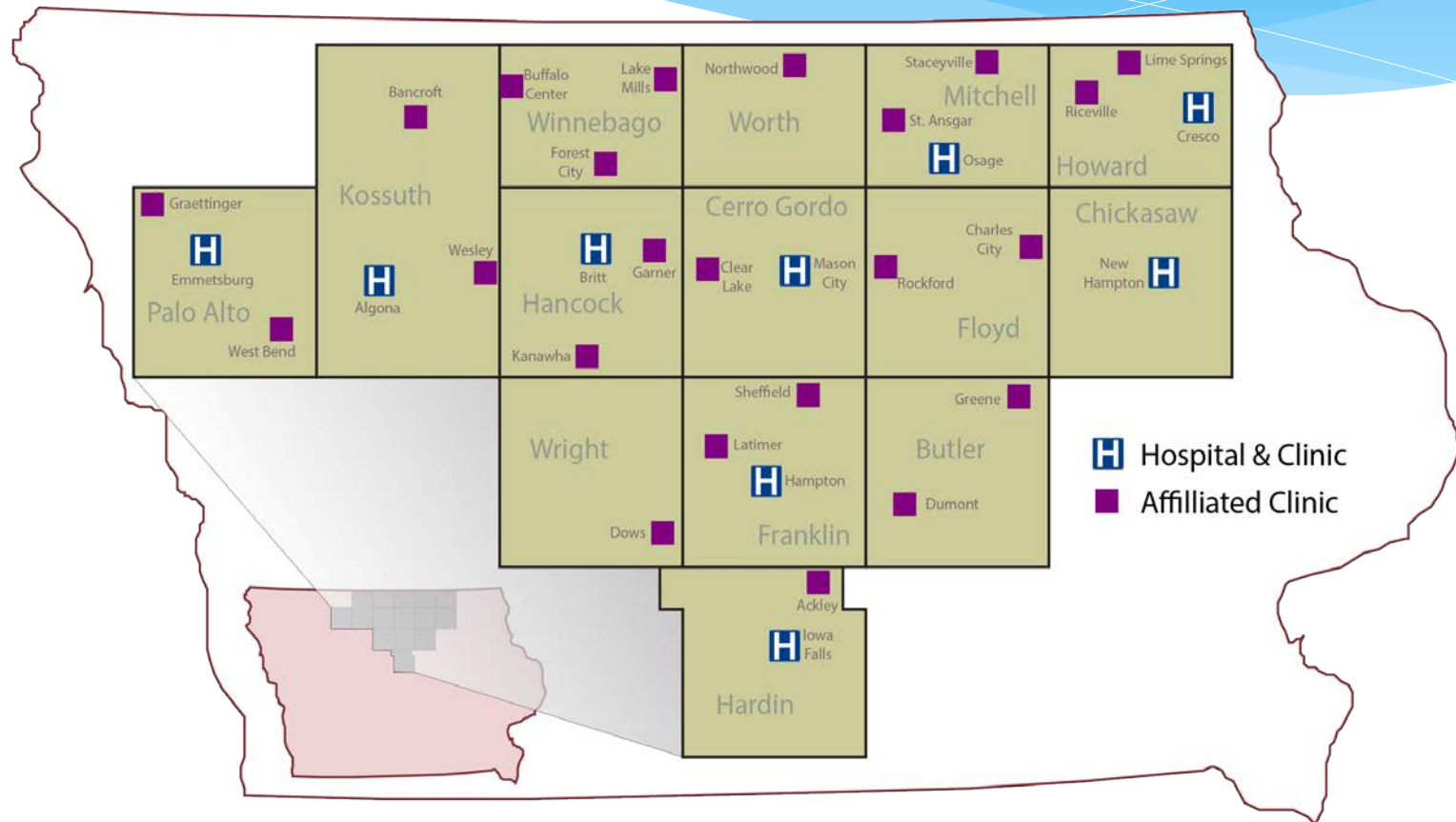
IDPH Flex Grant Medication Safety Quality Improvement  
Project

2013-2015

# Presenter

- \* Laura Zwiefel, CNO/Assistant Administrator at Hancock County Health System in Britt
- \* Mercy Medical Center—North Iowa Network consists of eight Critical Access Hospitals and Mercy

# Mercy North Iowa Network



# Objectives of this Presentation

- \* Identify how to improve the quality of patient care by reducing readmission rates and boosting patient confidence in using the correct medication regime through the use of patient medication bags.
- \* Learn how to encourage patients to take an active role in their own care by promoting use of home medication lists, safe practices in home storage of medications, and bringing home medication lists and medications to healthcare appointments.

# Statistics

\*20% of general medicine patients experience an adverse event (resulting from medical management) within the first 2 weeks following hospital discharge

- \* 66% of these are adverse drug events
- \* 33% of these lead to disability
- \* 2/3 are preventable

# Hospital Readmission Rates

\*14.3% for patients with identified medication discrepancies

\*6.1% for patients with no identified medication discrepancies

# Factors Affecting Patient Adherence to Prescribed Medication Regime

- \* Lack of positive reinforcement from the healthcare provider
- \* Weak capacity of the system to educate patients and provide follow-up
- \* Patient information materials written at too high of a literacy level
- \* Lack of confidence in ability to follow a treatment regime

\*Miller, et al., 2001.

# Proposal

- \* Purchase medication bags with a sleeve for holding all or some of the following information
  - \* Patient friendly med list
  - \* Patient instructions—including bringing med bag with all meds to all clinic, ED, hospital visits
  - \* Patient portal information
  - \* IPOST information



# Decided on Medication Bag Size and Design



# Staff Instructions

Medication Bag Grant Information for Staff
<b>The Goal is to improve our patient's medication adherence by...</b> Providing a Med Bag so all medications are stored together in one location at home. Provide Medication Reconciliation and a Medication List for home use. Encourage patients to bring the Med Bag with all medications AND their Medication List to medical appointments
<b>Medication Bags will be given to all acute, OBS, or skilled patients that are discharged to home.</b> Our goal is to provide Med Bags to 100% of these patients. When removing a Med Bag from storage, please document the patient's name on the Med Bag Sign Out Sheet. This is how we will track our goal, and the health coach will know who to follow up with.
<b>Medication Bags can also be given to patients from the ER, Clinic, Home Health, Outpt Surgery, and others.</b> We do not have a specific goal with this group of patients. Any patient that would benefit from the Medication Bag can be given one. When removing a Med Bag from storage, please document the patient's name on the Med Bag Sign Out Sheet so the health coach can follow up with them.
<b>When removing a Med Bag from storage, please document the patient's name on the Med Bag Sign Out Sheet.</b> This is how we track our goals and also helps the Health Coach know who to contact for follow up.
<b>ALL patients given a Medication Bag must complete a Pre Med Bag Questionnaire.</b> Please help our patients complete the questionnaire. Return all questionnaires to Betty Mallen, she will contact patient at a later time to complete the Post Med Bag Questionnaire.
<b>Provide Medication Reconciliation and update the Home Medication List.</b> This is by far the most important task we can provide to our patients.
<b>Other forms will be included with the Medication Bags such as the IPOST, Health Information Form, and Portal Information.</b> These may also be reviewed and completed with patients.
<b>Encourage patients to bring the Medication Bag with all medications AND their Medication List to all medical appointments.</b> The Health Information Form that includes patient history and contact information can also be included.
<b>Specific instructions for the Medication Bag Grant can also be found on the Process Change Alert titled "Medication Reconciliation Guidelines."</b> THANK YOU for assisting our patients with Medication Adherence.

# Patient Instructions

Medication Bag / Home Medication List Information for Patients
<p><b>Remember, medicines can only help you IF you take them the right way.</b></p> <p><b>The Medication Bag and information provided here is intended to help you do so.</b></p> <p><b>Our goal is to</b></p>
<p><b>Store all of your medications in your Medication Bag in a designated location</b> in your home. Keep all medications stored together in one place unless they require refrigeration. This will help if an emergency situation occurs and your doctor needs to review all of your medications. Be sure that your medications are stored out of reach of any children, especially if you have non-child proof containers.</p>
<p><b>Do not mix different medications together in one container;</b> this will make it difficult if not impossible to identify your medications in an emergency.</p>
<p><b>Your Medication Bag should be stored in a cool, dry area.</b></p>
<p><b>Medications stored in the refrigerator should be separated from other items</b> in the refrigerator.</p>
<p><b>Expired medications</b> (there are expiration dates on ALL of your medications) <b>and medications that your doctor has discontinued should be discarded.</b></p>
<p><b>Never share or give your medications to another person.</b></p>
<p><b>Keep your Home Medication List updated at all times.</b> Use pencil so changes can be made. Remember, medicines can help you only if you take them the right way; as your provider intended. This list will help you do so.</p>
<p><b>Always take your <u>Health Information Form</u>, <u>Home Medication List</u>, <u>Medication Bag</u>, and <u>all Medications</u> to your medical appointments.</b></p>
<p><b>Contact your medical provider or pharmacist if you have questions regarding your medications.</b></p>

# Patient Pre-Survey

## Pre Med Bag- Questionnaire (for all patients who will be discharged to home)

Patient Name or Patient Label:

MRN:

Date:

At home, how often do you miss or forget to take your medications?

☐ Always ☐ Sometimes ☐ Half the time ☐ Hardly ever ☐ Never

Do you use a written list of medications at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If you forget to take your medications at home, it is usually because.... (check all that apply)

- ☐ Didn't refill prescription.
- ☐ Medication was not with me when I needed to take it.
- ☐ I was told to take it, but I chose not to.
- ☐ I don't understand how or when to take the medication.
- ☐ I just didn't remember to take it.
- ☐ Other reasons: \_\_\_\_\_

At your most recent doctor's appointment:

- ☐ I did NOT take my medications with me to the appointment.
- ☐ I took my medications with me to the appointment.

Please tell us how we can help you take your medications as your provider has ordered. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

# Process

- \* Started with only patients discharged from the hospital
- \* Each organization developed its own process
- \* Follow-up phone surveys were completed 2 weeks to 30 days following discharge

# Learnings from Year One

- \* Med bags too large for many of the patients
- \* Needed a consistent way to provide a patient friendly medication list
- \* Decided to roll out process to other areas such as clinic patients, home care patients, patients seeing a health coach or diabetic educator, surgery patients, and cardiac rehab patients

# New Bags



# Medication Cards

**Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Primary Provider:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_



**HCHS**  
HANCOCK COUNTY  
HEALTH SYSTEM

Hospital: (641) 843-5000

*MEDICAL CLINICS*

**Britt:** (641) 843-5050  
**Garner:** (641) 923-2651  
**Kanawha:** (641) 762-3696

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A partner with



**Mercy**  
HEALTH NETWORK  
NORTH IOWA

**Personal Health**

**Name** \_\_\_\_\_

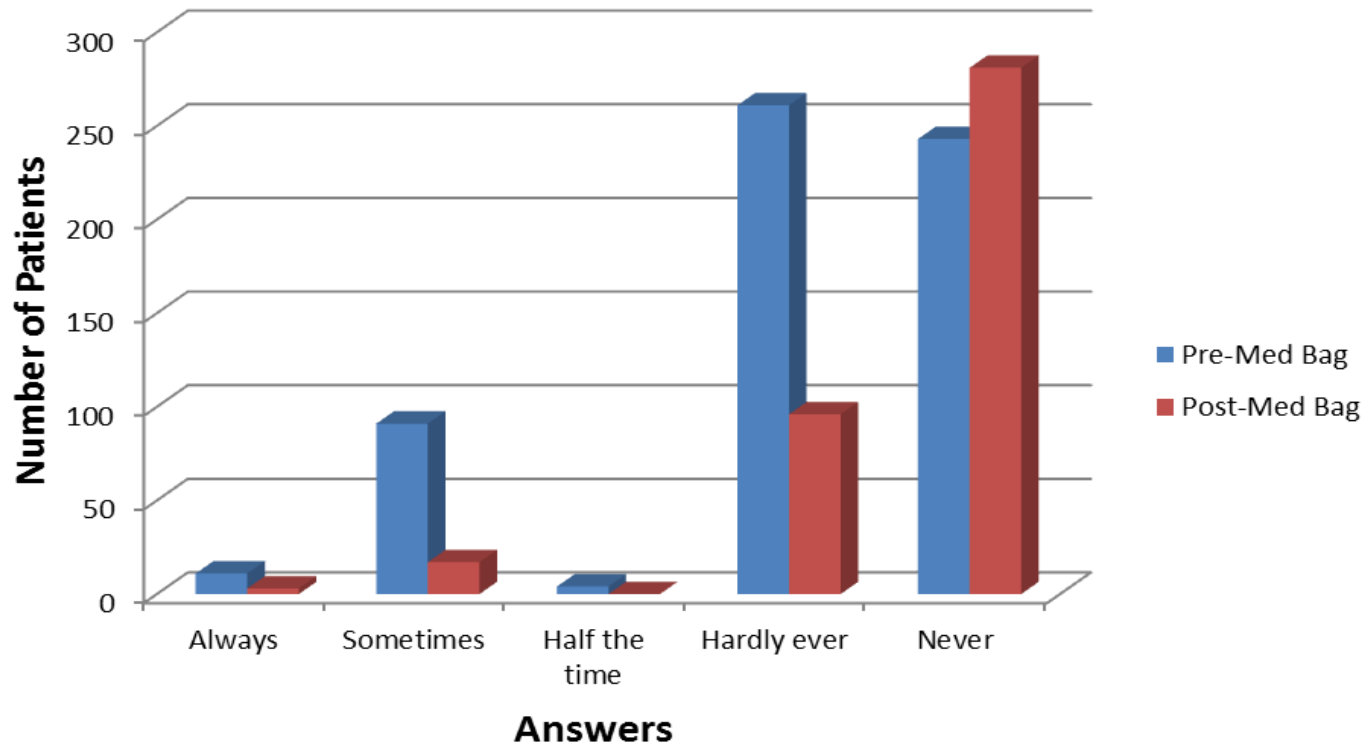
**Trusted Healthcare  
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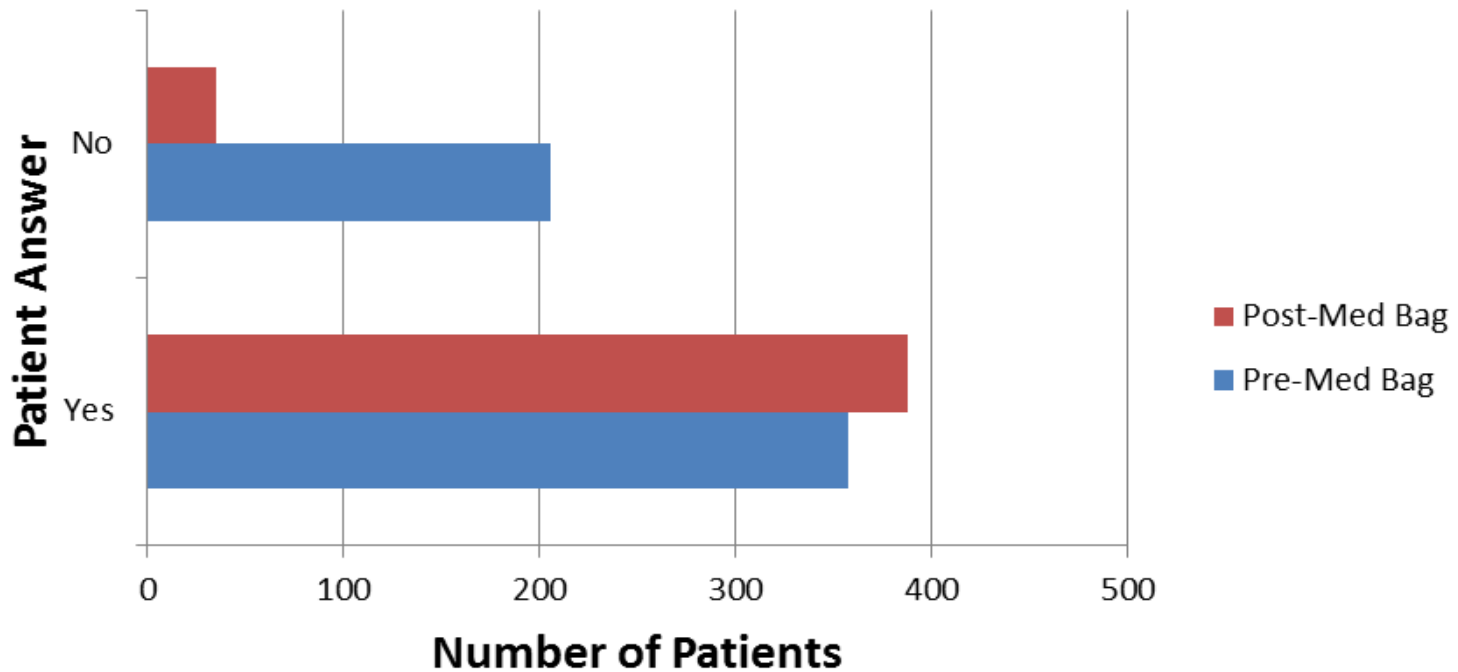
# Results

**How Often Do You Miss or Forget to Take Your Medications?**



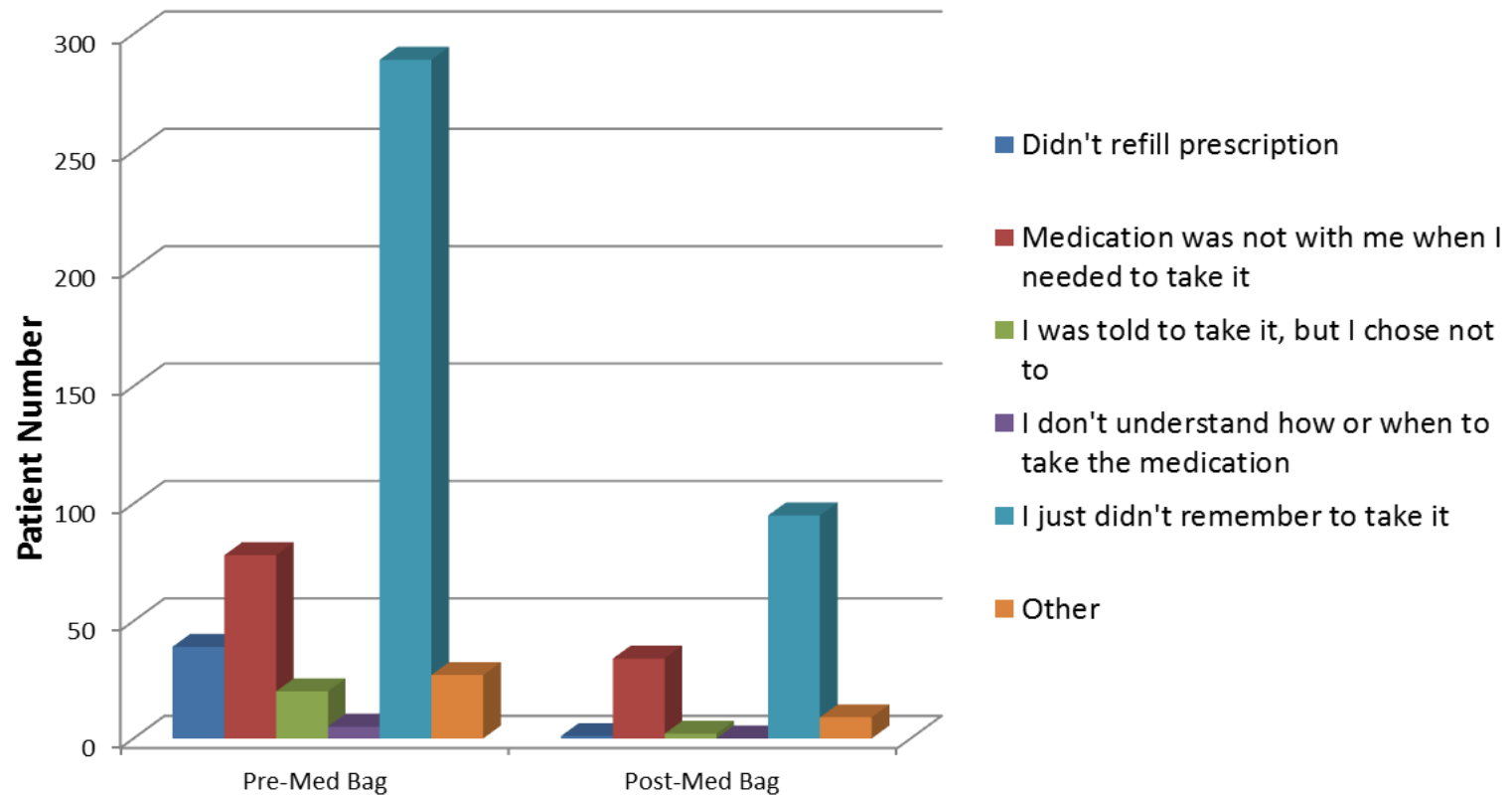
# Results

## Do You Use a Written List of Medications at Home?



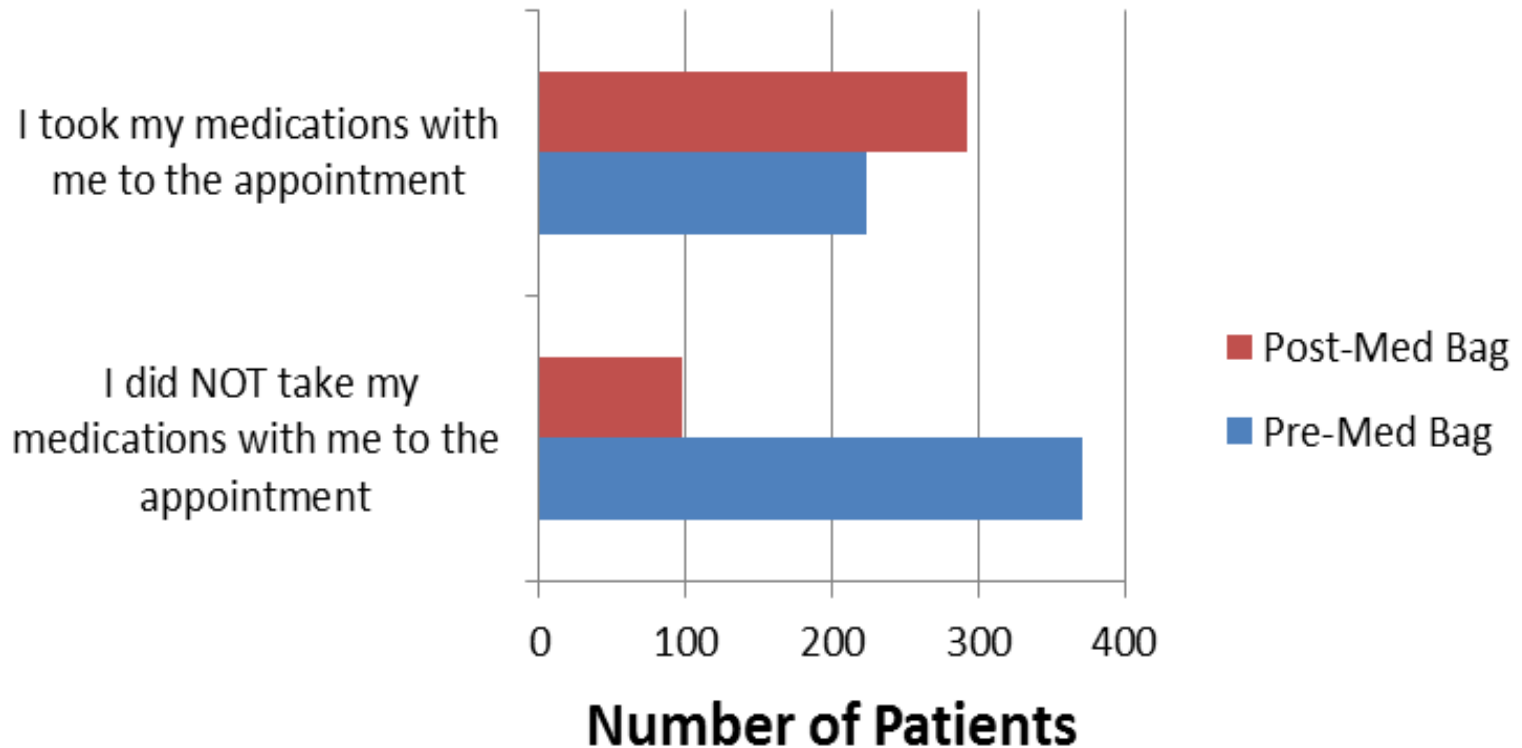
# Results

## If You Forgot to Take Your Medications at Home --Why?



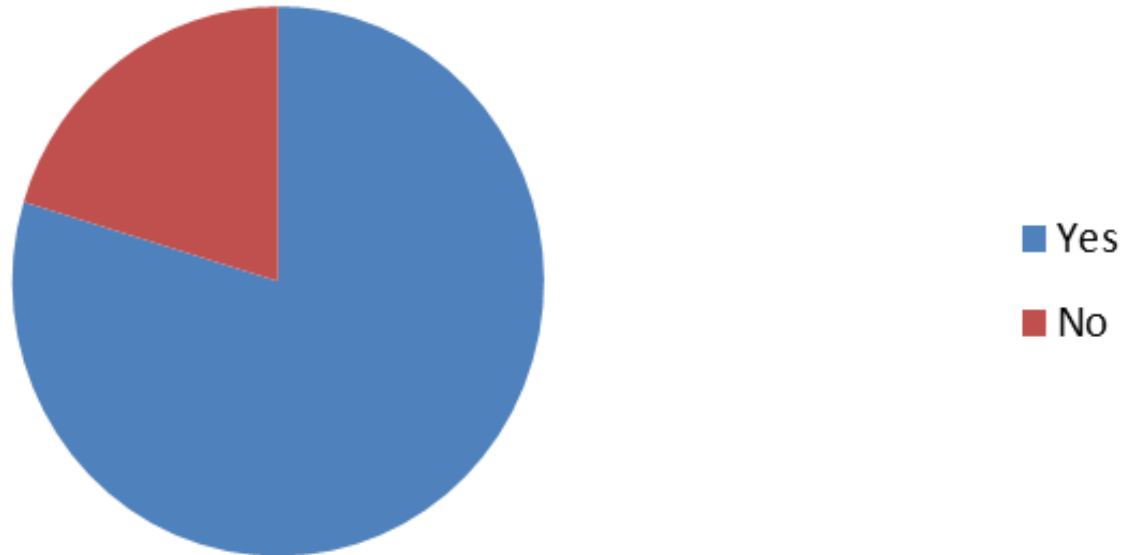
# Results

## Most Recent Provider Appointment



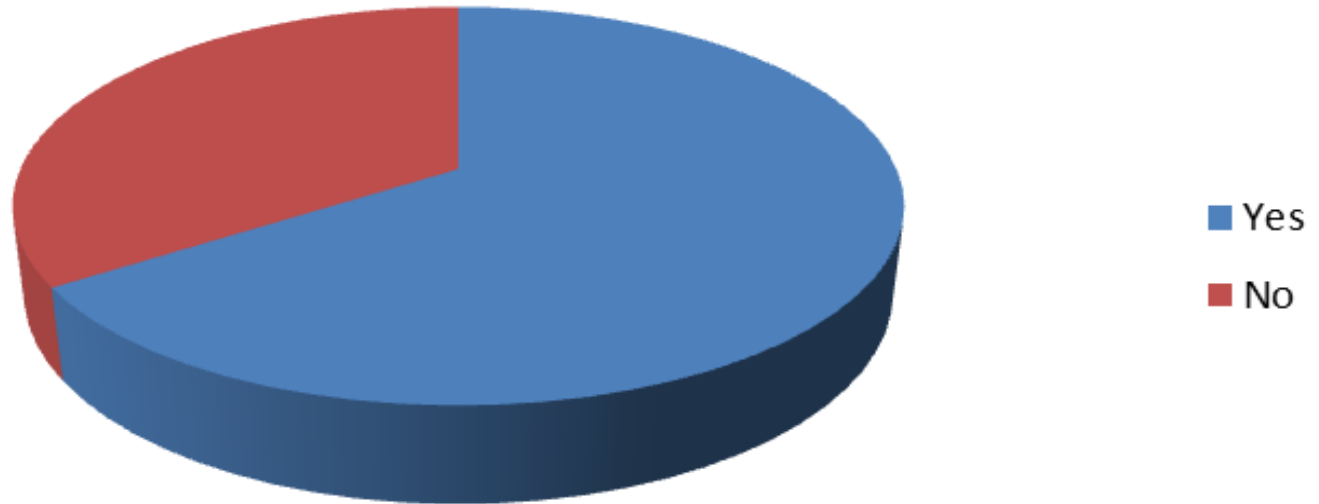
# Results

**Did you use your medication bag at your most recent provider appointment?**



# Results

**Did the medication bag improve your taking of medications ordered by your provider?**



# Results

**Did the medication list improve  
taking your medications as  
prescribed by your provider?**



■ Yes

■ No

# Success Story

- \* Ronda Riemer from Franklin General Hospital has a success story to share



# Next Steps

- \* Continue to collect data on other patient types
- \* Continue to improve patient education on their medications using teach-back and talk-back strategies
- \* Continue to promote patients taking their medications and medication lists with them to all medical visits

# References

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Schreiber, Matt; VP of Quality and System Safety for Spectrum Health Adverse Event Statistics taken from presentation by at 2013 IHA Annual Meeting.

# Questions??

Thanks for your time and  
attention!